## ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS

STATE FILE NO.

1347

	BIRTH NO.		<u></u>	KIII IOAI	E OF DEATH			/ <b>-</b> '
411 1541	1. PLACE OF DEATH			<del></del>			RAR'S NO.	<u></u>
09 34	A. COUNTY &		2. USUAL RESIDENCE (WHERE DECEASED LIVED.					
OF DEATH	Sela				IF INSTITUTION: RESIDENCE BEFORE ADMISSIONI.  A. STATE  B. COUNTY			
71	B. CITY (IF OUTSIDE	TH OF STAY	C. CITY (IF OUTSIDE PORPORATE LIMITS, WRITE RURAL)					
ήΝρ	OR — 1	RURAL)	או דאוק פו	OR OR	DEPURPORATE	LIMITS, WRITE	RURAL)	
PERIOR	TOWN Ma	-ui-	may 33%	r. 3344	TO11241 #7/1	iami	J	·
RESIDENCE	D. FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION	GIVE STREET	D. STREET			
5	HOSPITAL OR	ADDRESS OR LOC	ATION)	1	ADDRESS	0 0	(IF RONAL,	GIVE LOCATION;
	•	park	- Jac	+	1 624	Sype	W	3
j	, 3. NAME OF A.	A(FÍRST)	B. (MIDDLE)	Ė,	(LAST)	<del>//  </del>	4. SEX	5. COLOR OR RACE
1	DECEASED (	tuan	<u>_</u>	. 6	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	$\nu$	200	1. 1. to
A l	(TYPE OR PRINT)	II	•		7	·	male	while "
'A II	6. MARRIED	ANONTH DAY	TH 8. AGE	ONTHS   DAYS	IF UNDER 24 HOURS	9A. Usua	L OCCUPATION	GIVE KIND OF WORK
DENT	WIDOWED DIVORCED		1917 33	DAYS DAYS	HOURS MIN.			E. EVEN IF RETIRED).
- J	98. KIND OF BUSI.		E (STATE 11. CITIZE		<u> </u>		bores	
SONAL	NESS OR INDUSTRY	OR FOREIGN C	QUNTRY) COUNT	TRY?	12. WAS DECEASED EV	EH IN U. S. ARI	4ED FORCES?	13. SOCIAL SECURITY
44/11	Mining	tordoburg.	7. m. 1	8.8	11 38	would	)// SERVICE,	326-20-8739
ATA / 33	14A. FATHER'S NAME		148. BIRT	HPLACE	15A MOTHER'S MA		War //	<del></del>
c y	0			OR COUNTRY)		IDEN NAME		15B. BIRTHPLACE
ĺ	_ certis	Organi	10 Mark	maran	Margueri	to Com	Love	2. 0
1 1 7	16. INFORMANT'S SIG	NATUKE .		RESS.	17. DKTE			Manow
- 14 I	1 X Jesuseta	Guano	mean	~~·	OF $(x,y)$	(MONTH)	(DA	
			تروي	<u> </u>	DEATH (S)	منهبير	. 2	3 /25/
9771	18. CAUSE OF DEATH	MEDICAL CERTIFICATION 2						INTERVAL BETWEEN
1/01	ENTER ONLY ONE CAUSE PER LINE FOR (a), (b).	I . DISERSE UK	CONDITIONS			1. 3. 5.		ONSET AND DEATH
\USE	(C)	DIRECTLY LEA	DING TO DEATH+	(a)	<del></del>			
	THIS DOES NOT HEAR	ANTECEDEN			e de la companya de	الراب سيها		
2F /	THE MODE OF DYING.	ANTECEDENT (		nuet.	ભા			1
ATH "	SUCH AS HEART FAIL. MORBID CONDITIONS, IF ANY, GIVING DUE TO (b)							
h	IT MEANS THE DISEASE	ING THE UNDERL	YING CAUSE LAST.					l l
W 18) 🥢 🛭	INJURY, OR COMPLICA- TION WHICH CAUSED			DUE TO (C)				
	DEATH.	II. OTHER SIGN	VIFICANT CONDITION	ONS				<del></del> §
	PLACE DISEASE CON	CONDITIONS CON	TRIBUTING TO THE D	EATH BUT NOT				· 9
	V TRACTED.		E DISEASE OR CONDI		EATH.			
.TIONS,~	19A. DATE OF OPERA	FION   19B. I	MAJOR FINDINGS (	OF OPERATION				20. AUTOPSY?
OPSY 4	15							Leo. Moiorati
	1.17							_ \ . ` i
3/ 1	21A ACCIDENT	(205.55)				······ <u> </u>		YES   NO X
ATH X	21A. ACCIDENT SUICIDE	(SPECIFY)	21B. PLA	CE OF INJURY	(E. G., IN OR ABOUT HO	ME, 21C. (CIT	Y OR TOWN)	_ \ . ` i
ATH : TO	21A. ACCIDENT SUICIDE HOMICIDE	(SPECIFY)	218. PLAI	I. FACTORY, STRE	ET, OFFICE BLDG., ETC	10000	Y OR TOWN)	YES NO NO (COUNTY) (STATE)
: то	SUICIDE HOMICIDE	micide	Zno.	f. FACTORY, STRE	Teles ho. # 8	CACL.	Y OR TOWN)	YES   NO X
TO RNAL	SUICIDE HOMICIDE 21D. TIME (MONTH)	wich	(HOUR) 21E. INJUR	RY OCCURRED	ET, OFFICE BLDG., ETC	CACL.	Y OR TOWN)	YES NO NO (COUNTY) (STATE)
: то	SUICIDE HOMICIDE 21D. TIME (MONTH)	micide	Zno.	f. FACTORY, STRE	Teles ho. # 8	CACL.	Y OR TOWN;  Ma	YES NO NO (COUNTY) (STATE)
TO RNAL ENCE	SUICIDE HOMICIDE 21D. TIME (MONTH) OF INJURY	(DAY) (YEAR)	(HOUR) 21E. INJUR WHILE AT WORK []	RY OCCURRED NOT WHILE AT WORK	21F. HOW DAD INJU	CACL.	le gas	YES   NO X (COUNTY) (STATE)
TO RNAL	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY	(DAY) (YEAR)	(HOUR) 21E. INJUR WHILE AT WORK I	RY OCCURRED NOT WHILE AT WORK	Teles ho. # 8	CACL.	le gas	YES NO NO (COUNTY) (STATE)
TO RNAL ENCE	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY ALIVE ON	(DAY) (YEAR)	HOUR) 21E. INJUR WHILE AT WORK I	RY OCCURRED NOT WHILE AT WORK	21F. HOW DAD INJU	RY OCCUR?	e gas.	YES NO
TO RNAL ENCE ICAL ONER'S	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY	(DAY) (YEAR)	(HOUR) 21E. INJUR WHILE AT WORK I	RY OCCURRED NOT WHILE AT WORK	21F. HOW DAD INJU	RY OCCUR?	e gas.	YES NO
TO RNAL ENCE	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY ALIVE ON	(DAY) (YEAR)	HOUR) 21E. INJUR WHILE AT WORK I	RY OCCURRED NOT WHILE AT WORK	21F. HOW DAD INJU	RY OCCUR?	e gas.	VES   NO ME (COUNTY) (STATE)  AST SAW THE DECEASED  23C. DATE SIGNED
TO RNAL ENCE ICAL ONER'S CATION	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY ALIVE ON	Y THAT I ATTENDED	THE DECEASED FROM THAT DEATH OCCUR (DEGREE OR TITLE	RY OCCURRED NOT WHILE AT WORK	21F. HOW DAD INJU	MY OCCUR?  MO ON THE DATE  SUMMER SUM	STATED ABOVE	YES   NO ME (COUNTY) (STATE)  LA LUGGIA  AST SAW THE DECEASED  23C. DATE SIGNED  3 - 12 - 5 - 1
TO RNAL ENCE ICAL ONER'S	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY ALIVE ON 23A. SUBNATURE  24A. BURIAL	Y THAT I ATTENDED	THE DECEASED FROM THAT DEATH OCCUR (DEGREE OR TITLE	NOT WHILE AT WORK	21F. HOW DID INJU	NO ON THE DATE  24D. LOG	STATED ABOVE	YES   NO ME (COUNTY) (STATE)  AST SAW THE DECEASED  23C. DATE SIGNED  OWN. OR COUNTY) (STATE)
TO RNAL ENCE ICAL ONER'S CATION	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY ALIVE ON. 23A. SIGNATURE  24A. BURIAL CREMATION	(DAY) (YEAR)	THE DECEASED FROM THAT DEATH OCCUR (DEGREE OR TITLE	RY OCCURRED NOT WHILE AT WORK	21F. HOW DID INJU	NO ON THE DATE  24D. LOG	STATED ABOVE	YES   NO ME (COUNTY) (STATE)  LA LUGGIA  AST SAW THE DECEASED  23C. DATE SIGNED  3 - 12 - 5 - 1
ICAL ONER'S CATION	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY ALIVE ON 23A. SUNATURE  24A. BURIAL CREMATION REMOVAL	Y THAT I ATTENDED  19 AND  24B. DATE  7 MW 13/	(HOUR) 21E, INJUNE M WHILE AT WORK I	NOT WHILE AT WORK	21F. HOW DID INJU	NO ON THE DATE    24D. LOC    Mar.	STATED ABOVE	YES   NO MICOUNTY) (STATE)  AST SAW THE DECEASED  23C. DATE SIGNED  OWN. OR COUNTY) (STATE)
ICAL ONER'S CATION	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY ALIVE ON. 23A. SIGNATURE  24A. BURIAL CREMATION	Y THAT I ATTENDED	(HOUR) 21E, INJUNE M WHILE AT WORK I	NOT WHILE AT WORK	21F. HOW DID INJU	NO ON THE DATE    24D. LOC    24D. LOC    200   SIGNA	STATED ABOVE	VES   NO MANUAL (COUNTY) (STATE)  AST SAW THE DECEASED  23C. DATE SIGNED  3 - 12 - 1  OWN.ORCOUNTY) (STATE)  ADDRESS
ICAL ONER'S CATION	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY ALIVE ON	Y THAT I ATTENDED  19 AND  24B. DATE  7 MW 13/	THE DECEASED FROM O THAT DEATH OCCUP (DEGREE OR TITLE (195) 24C. NAM (195) 24C. N	RE OF CEMETER	21F. HOW DID INJU  23B. ADDRESS  RY OR CREMATORY  22B. FUNERAL DIRECT  Pular	NO ON THE DATE    24D. LOC   Mac	STATED ABOVE	YES   NO MICOUNTY) (STATE)  AST SAW THE DECEASED  23C. DATE SIGNED  OWN. OR COUNTY) (STATE)
ICAL ONER'S CATION	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY ALIVE ON	Y THAT I ATTENDED  19 AND  24B. DATE  7 MW 13/	THE DECEASED FROM O THAT DEATH OCCUP (DEGREE OR TITLE (195) 24C. NAM (195) 24C. N	NOT WHILE AT WORK	21F. HOW DID INJU	NO ON THE DATE    24D. LOC   Mac	STATED ABOVE	VES   NO MANUAL (COUNTY) (STATE)  AST SAW THE DECEASED  23C. DATE SIGNED  3 - 12 - 1  OWN.ORCOUNTY) (STATE)  ADDRESS
ICAL ONER'S CATION	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY ALIVE ON	Y THAT I ATTENDED  19 AND  24B. DATE  7 MW 13/	THE DECEASED FROM O THAT DEATH OCCUP (DEGREE OR TITLE (195) 24C. NAM (195) 24C. N	RE OF CEMETER	21F. HOW DID INJU  23B. ADDRESS  RY OR CREMATORY  22B. FUNERAL DIRECT  Pular	NO ON THE DATE    24D. LOC   Mac	STATED ABOVE	VES   NO MINISTER    (COUNTY) (STATE)  AST SAW THE DECEASED  23C. DATE SIGNED  OWN. OR COUNTY) (STATE)  ADDRESS  AMULTICAL  ADDRESS
ICAL ONER'S CATION	SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIFY ALIVE ON 23A. SIGNATURE  24A. BURIAL CREMATION REMOVAL DATE REC'D BY LOCAL REG.	Y THAT I ATTENDED  19 AND  24B. DATE  7 MW 13/	THE DECEASED FROM O THAT DEATH OCCUP (DEGREE OR TITLE (195) 24C. NAM (195) 24C. N	RE OF CEMETER	21F. HOW DID INJU  23B. ADDRESS  RY OR CREMATORY  22B. FUNERAL DIRECT  Pular	NO ON THE DATE    24D. LOC   Mac	STATED ABOVE	VES   NO MINISTER    (COUNTY) (STATE)  AST SAW THE DECEASED  23C. DATE SIGNED  OWN. OR COUNTY) (STATE)  ADDRESS  AMULTICAL  ADDRESS